

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37698

FILED
Mar 27, 2009
Secretary of State

Entity Name: TANGERINE BAY CLUB ASSOCIATION, INC.

Current Principal Place of Business:

340-380 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

595 BAY ISLES RD STE 200
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 65-0361112 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLANS, BETTY
BETH CALLANS MANAGEMENT CORP.
595 BAY ISLES RD. SUITE 201
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

BETH CALLANS MANAGEMENT CORPORATION
595 BAY ISLES RD STE 200
LONGBOAT KEY, FL 34228 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BETH CALLANS MANAGEMENT CORPORATION

03/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PANTELLO, RON
Address: 350 GULF OF MEXICO DR 236
City-St-Zip: LONG BROOK KEY, FL

Title: D () Delete
Name: VIONI, RONALD
Address: 340 GULF OF MEXICO DR 122
City-St-Zip: LONGBOAT KEY, FL 34228

Title: TD () Delete
Name: WARSHAW, ARTHUR
Address: 340 GULF OF MEXICO DR. 111
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: GOLDWATER, RICHARD
Address: 350 GULF OF MEXICO DR 533
City-St-Zip: LONGBOAT KEY, FL 34228

Title: SD () Delete
Name: GELLER, ARTHUR DR.
Address: 370 GULF OF MEXICO DR 436
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON PANTELLO

PD

03/27/2009

Electronic Signature of Signing Officer or Director

Date